



MEMBER ASSOCIATION OF

NEWSLETTERJune, 1986.The Federal President's Column

What price marketing in Children's Dentistry?

As opposed to advertising, marketing includes those wonderous incentives for the well behaved child, such as balloons, badges, stickers and the like. Of course, included in this collection of items are the toothbrushes and sample tooth pastes, floss dispensers and disclosing tablets and all the other aids associated with preventive practices. In addition to the idea of these incentive give aways and practice promoters some of these type of objects profess the benefits of regular dental treatment and also carry advertising for manufacturers.

Dentists have become the targets of companies importing and manufacturing these objects d'art and by advertising programmes for dentifrices and cleaning aids. Regular mailing of brochures and ordering catalogues, and the appearance of sales representatives with the goods in hand become a feature of daily practice. Invitations to order free samples or gift enclosures are the norm.

But what of our patients? All children respond to affirmation of their behaviour, particularly if it is a reward for co-operation. Material rewards are extremely important to the young, allowing self gratification, and proof of their abilities to others. What better way to reinforce the necessity of dental care to children and their elders?

May I remind all members of the many enjoyable facets of attending their last convention or conference. Exchanges of views, ideas and methods only serve to enhance our skills at practising dentistry. The forthcoming biennial convention in Adelaide, in October this year is a MUST for your diaries, renew your enthusiasm and attend.

John Lockwood
Federal President.

A.S.D.C. 6th BIENNIAL CONVENTION

ADELAIDE, October 29th - November 1st.

The 6th Biennial Convention of A.S.D.C. will be held in Adelaide, the Festival City, during October 29th - November 1st. The organising committee endeavoured to ensure that this convention will be as memorable as past Biennial Conventions.

The venue for the convention is the 'Town House', situated in the heart of Adelaide, in cosmopolitan Hindley Street which is within easy walking distance of major hotels, restaurants, the new Adelaide Casino, the beautiful River Torrens and historic North Terrace.

Adelaide has much to offer the discerning visitor. There's so much to see and do especially this year as South Australia is celebrating its Sequicentenary. In addition to the ever popular attractions of the famous South Australian vineyards and wineries, beautiful beaches and countryside just beyond the City, 'Jubilee 150' celebrations will be taking place throughout the year.

Texas also celebrates its sequicentenary this year and interchange between South Australia and Texas has been organised by professional groups and societies in both states.

Whilst the Guest Lecturer is not now a resident of Texas Dr. Jennings was, for many years, the Professor and Chairman of Department of the Department of Pedodontics at the University of Texas.

The Lecture Programme also includes Dr. Stephen Wei, Head of the Department of Pedodontics and Orthodontics at Hong Kong University, and promises to be both stimulating and relevant with ample time for discussion.

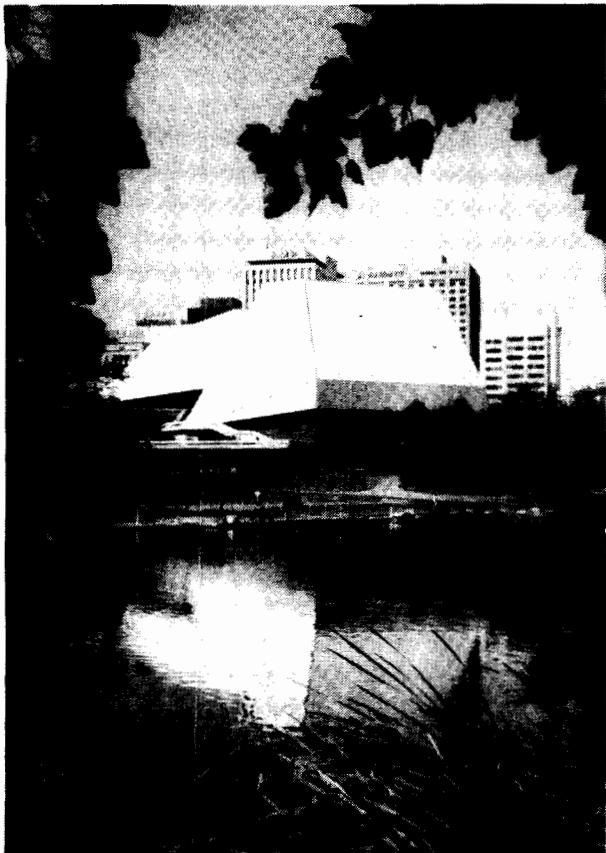
The Accompanying Person's Programme has been planned to introduce the visitor to a number of Adelaide's unique attractions.

Motor Racing enthusiasts will know the Grand Prix takes place during the week and the weekend preceding the Convention. Bookings for the Grand Prix are now open.

The South Australian Branch of A.S.D.C. is proud to host the 6th Biennial Convention and extends an invitation to all members of the Society to celebrate our 'Jubilee 150' and participate in the convention.

Margaret Evans
President, S.A.Branch.

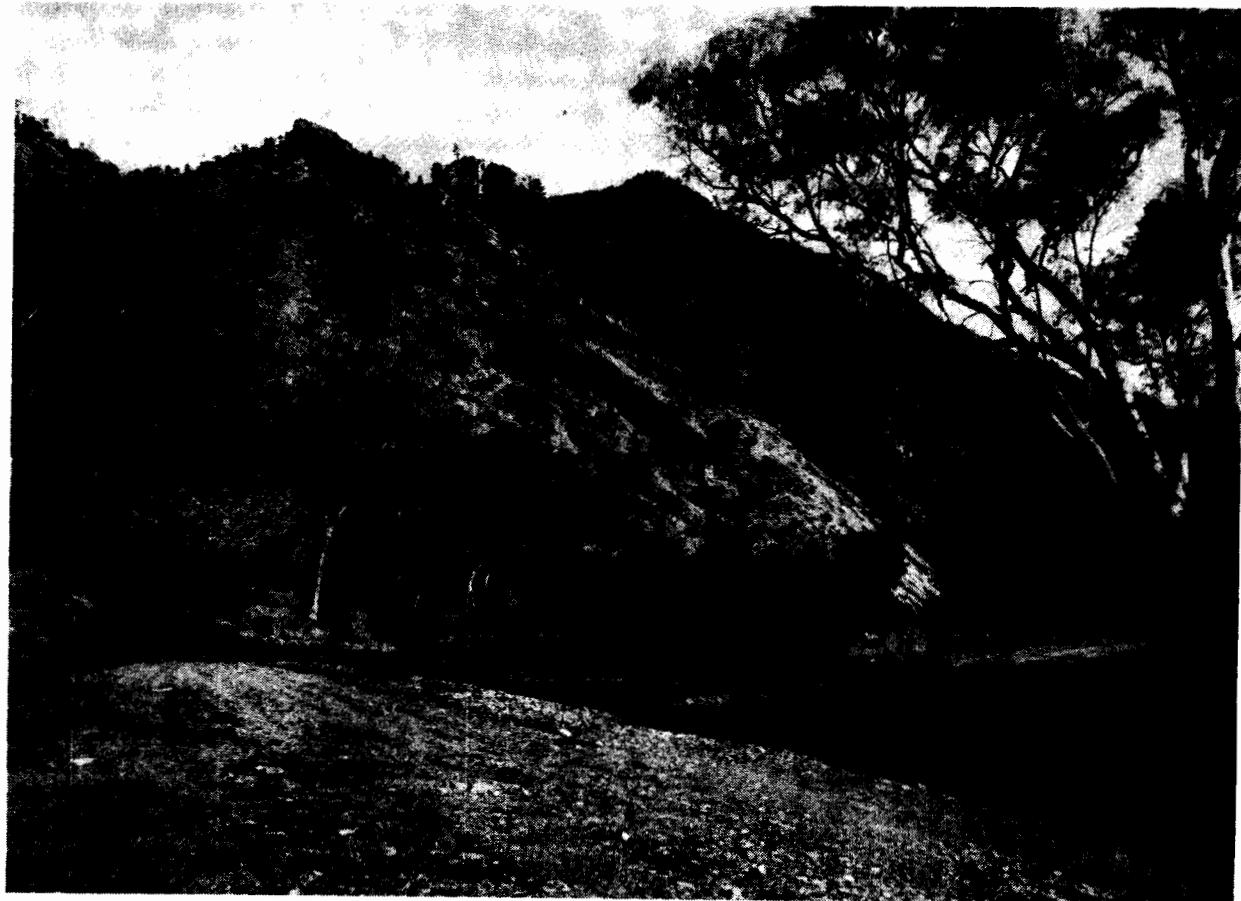
South Australia - The Festival State



Adelaide Festival Theatre Complex
viewed across the River Torrens



Wine tasting,
Sevenhills Cellars, Sevenhills,
Mid North, S.A.



Scenic Flinders Ranges.

The Federal Secretary's Report

I.A.D.C.

A meeting of the Board of I.A.D.C. is to be held in Zurich, Switzerland on July 12th & 13th; our Representative on that Board is, of course, Roger Hall the international President.

One point to be discussed which concerns us in Australia, is the tardiness of the I.A.D.C. Journal and the I.A.D.C. Newsletter. There is a move afoot to incorporate the newsletter into the Journal and have the whole lot printed in Italy. This may be the cause of some of the delay, and I have been assured that a back Issue is in the mail.

11th Congress I.A.D.C. - Toronto, June 7 - 11, 1987

I have made preliminary enquiries concerning the possibility of "Group Travel" fares, but do not have any positive results to report at present, I hope to be able to provide further information in due course. In the meantime I shall be glad to have information from Branch Secretaries on the number of their members expecting/ hoping to attend the Toronto Congress.

A.S.D.C. 6th Biennial Convention.

Remember, October 30th, 31st & November 1st are the dates of our Biennial Convention in ADELAIDE. I urge you to book early and to take advantage of the Reduced Fares being offered by the airlines for doing so.

John Keys

A Letter from America

from John Brownbill

Dear Editor,

Thank you for sending the Newsletter on to me in America. It was truly comforting when I arrived here to see the Certificate of Honorary Membership of the Victorian Branch of A.S.D.C. hanging on the wall of Louise Brearley-Messer's office in the Department of Pediatric Dentistry at the University of Minnesota. Louise is now Deputy Chairman and Professor in Pediatric Dentistry, and Director of the Cariology Post-Doctoral Training Program in the School of Dentistry. Her husband, Harold Messer from Queensland, is Chairman and Professor of Endodontics, and Professor of Oral Biology; and they both send their greetings.

The Pediatric Dentistry Department trains undergraduates in basic dental care for children with a heavy preventive bias. The Graduate program trains specialist Pediatric Dentists with concentrated studies in Prevention, Diet, Fluoride, Cariology, Operative Techniques, Biomaterials, Growth and Development, Interceptive Orthodontics, Behaviour Management, Nitrous Oxide and Systemic Sedation, Hospital Dentistry, General Anaesthesia, Cleft Palate and other Anomalies, Dentistry for the Handicapped - and Individual Research.

My position is Visiting Professor and, as such, I am involved with teaching, administration and research - approximately one third each. Faculty(Staff) is expected to spend not less than one third time and not more than two thirds time on clinical pursuits. I see no patients of my own, however my teaching is all clinical in both the undergraduate and graduate programs. One of my administrative tasks is organising the Reception areas and Patient Records,

Letter from America cont'd,

whilst the other is to coordinate the treatment for mildly retarded patients who attend a special school.

My research has reached the protocol stage; its Title is "Comparison of Inferior Dental Block Injections using 30 and 25 Gauge Short Needles".

The University has very good equipment and facilities in general. It is a large University, bigger than Melbourne University. There is a wide range of courses including community and extension courses. The community regards the University as an integral part. For better or worse the finances of the University partly depend on the success or failure of the sports teams which are semi-professional. The dental and medical schools and their associated hospitals are wholly owned by the University. Thus a single hierarchy controls the hospitals unlike the common situation in Australia, where dual administration is common.

Minnesota is a centre for high-tech computer development, and the University has three separate large computer centres. I have taken the opportunity to do a computer course. Our department has a Macintosh computer and we are about to network the mainframe of the Health Sciences Computer via new digital telephones which are being installed throughout the campus.

How can I manage to leave a busy practice for a year and take a Visiting Professorship?

I guess it is a combination of good luck, hard work, and great associates. My colleagues in the Pinewood Dental Group cooperated in helping to find a locum, secondly, one of the Professors here in the department was appointed Director of hospital dentistry, so a vacancy arose for a year whilst a search is made for a replacement. Thirdly, my family wanted to come with me and were prepared to leave their home and school for a year and live in a completely foreign environment. Without my wife Gae's willingness to pack up and to let our house, and establish an apartment here, it would not have been possible. Likewise my twins Andrew and Robert agreed that the adventure was worth the probability of having to spend an extra year in secondary education.

How and why is someone invited? The simple answer is to show an interest. If a field of Dentistry interests you, write to researchers in that field, offer to conduct some clinical research; look for advertisements in journals and apply for positions. It is unrealistic to expect to be invited to teach anywhere without a senior degree.

The intellectual stimulation is the major benefit, and being paid for it is a privilege. The working day is 8 a.m - noon, 1.30 - 4.30, but when the computer is available I may stay late at night before I head for home. The Library is very extensive and is open until 11 p.m and during the weekend.

Greetings to all the members and wishing you a 'great' Biennial Convention in Adelaide.

Regards,

John

Notes from the Branches

N.S.W. Branch

Thirty eight members and guests attended our Dinner meeting on Tuesday 18th March when we had Mr. Vic Cherikoff of the Human Nutrition Unit, University of Sydney as our Guest Speaker. His Topic was "Food, food values and food habits of the Australian Aboriginals" which he related to their dental condition.

Mr. Cherikoff's research shews that we utilize about 50 foods, whereas the Aboriginals utilize 500. The Aboriginals want clean food not contaminated with sand - their teeth are used to fashion twine for fishing lines etc. (preferring sinews) for flaking and chipping stones, straightening spears, killing game, (eg. breaking spines by holding with the teeth) and stripping bark off branches off trees.

(Prof.) T.D.Campbell in the Australian Journal of Dentistry back in 1939 wrote of the capacious palates and low incidence of malocclusion in Aboriginals and surmised their nutrition was adequate - which is obvious as they have survived all these years. In droughts they may survive on as few as 3 - 8 foods.

Aboriginals prepare foods to retain the nutritional value - they steam, not boil, cook their meat whole, not sliced. But once they had access to 'western food' their dental caries increased. Caries in old age resulted from attrition and pulp involvement, and this is reflected in bush medecine - remedies for packing cavities and relieving periodontal pain - chewed up leaves stuffed in gums or into cavities.

previous researchers talked mostly to the male aborigines who hunted meat, so thought meat was the main diet -

but the women collected the roots, vegetables, legumes etc. which are the main source of food.

Aborigines used water holes, many of which are heavily fluoridated. As they don't drink cow's milk, intake of calcium is a problem but there is a vast array of bush foods with a source of calcium.

There is an infrequency of marked periodontal lesions - Campbell thought it attributable to chewing, but

Cherikoff thinks it is bush medecines plus the use of bush tooth-brushes (tooth sticks?)

Bush foods have slow release carbohydrates - there is more fructose than glucose. Absorption of glucose from 'western' carbohydrates leads to an elevated glucose intake by Aboriginals which predisposes them to diabetes.

Mr. Cherikoff's research has aimed at producing tables of composition of Australian Aboriginal's Bush Foods, and he listed for us some of the foods and their nutritional value.

It was a very interesting Talk and much appreciated by all present.

Our next meeting is on Tuesday, May 27th when Dr. John Lockwood, our Federal President, will present a lecture and series of slides entitled "Dental Caries Disease and Decline" This programme has been assembled by the Educational Committee of the International Association of Dentistry for Children and initially was presented at the Costa Rica Congress, in February 1985, by Dr. Stephen Moss.

Lorna Mitchell

Victorian Branch

At the Dinner Meeting on 17th April, sixty members and guests were treated to a most interesting and informative Talk on "Dental Assistant Utilisation" by Dr. Don Robinson, Head of the Dental Assistant Utilisation Unit at Westmead Hospital in Sydney.

Dr. Robinson introduced the concept of optimising Dental Assistant Utilisation with the triad of Practice Management, Time and Motion Factors, and actual use of the Dental Assistant.

Optimising Dental Assistant Utilisation is desirable because of three factors:

1. Economics - eg. reducing patient's rinsing times by 12 minutes per hour, by the use of high speed suction, will save 300 hours of Chairside time per year.
2. Health of Dentist and Assistant - Four-handed dentistry with operator and assistant both seated will reduce effort and tension for all concerned.
3. Improving the quality of Dentistry by using an Assistant or team. The concept of quality includes a time limit on procedures performed.

Efficient Dental Assistant Utilisation was discussed under 10 headings:

1. Well trained Assistant

This requires formal education together with on-the-job training.

2. Proper Utilisation of Assistants in all facets of dentistry

In paedodontics in particular a good chairside assistant will often establish a rapport with child patients before the dentist, as they are seen as less threatening than the dentist.

3. Treatment Planning

Treatments are best planned well before appointments. Factors involved in planning include:

- i) patient communication and patient desires.
- ii) appointment scheduling, eg. child behaviour problems are better managed in the morning when the child is fresh.
- iii) communication with office staff.
- iv) sequence of treatment priorities, eg. relief of pain and acute disease initially.
- v) other considerations such as age, health and oral hygiene of the patient.

Above all, patients must be kept informed of, and understand proposed treatments.

4. Consideration here includes - reducing repetition of procedures; eliminating unnecessary steps, often by the use of encapsulated materials, eliminating unnecessary instruments and equipment, standardising setups and scheduling emergencies in a particular time slot.

5. Use of prepared trays

These minimise down time, expedite instrument transfer, and help maintain an accurate inventory of instruments and supplies. Identifying frequent procedures, the sequence of each procedure and the instruments and supplies needed is essential. The use of colour coding and tray maps are helpful aids.

6. Proper positioning of the patient, assistant and operator.

For four-handed dentistry with the patient in the semi-supine position, the assistant should be in the 2 - 5 o'clock position, with the dentist's zone from 8 - 12 o'clock position. As the assistant is not as close to the patient as the operator, eye level should be 10-15cm above the operator's to maximise vision. The operator's viewing distance should be about 35cm.

7. Motion Economy

Here one attempts to minimise the number and length of movements. Instruments and materials should be prepositioned where possible and located as close as possible to the point of use. Work surfaces & cabinets should be 5cm below elbow level.

8. Instrument transfer

Transfer of instruments should take place in the 5 - 8 O'clock position, but NEVER over the patient's face.

9. Equipment design

Equipment design should be simple, clean and uncluttered.

10. High speed suction

High speed suction is essential, it has made possible the development of four handed dentistry.

In conclusion, Dr. Robinson's basic message was "work smarter, not harder".

The talk was followed by an extensive question and answer session.

Chris Olsen

S.A.Branch

Our April Dinner Meeting was held at the University of Adelaide Club. Our Guest Lecturer was Dr. Grant Townsend, Senior Lecturer in the Department of Dentistry. Dr. Townsend's project for his PhD was in the field of Genetics.

Currently he is engaged in an interesting research project investigating the "Morphology of the Dentition of Identical Twins". Also he is studying the dentition of individuals suffering from Down's Syndrome. It was interesting to learn of the methods used to find, assemble and study the data in this type of research.

Some interesting facts have been noted already, for instance in Identical Twins the dental morphology of each has unique differences, similar to those of fingerprints.

The discussion which follows a Talk on a Research Project always seems to stimulate the imagination and an interesting discussion followed Dr. Townsend's presentation.

Our working life would certainly not be so interesting if we did not have the intellectual stimulation afforded to us by the group meetings where our invited guests so generously share their knowledge with us, and our members put their points of view on the various subjects presented.

The 'Biennial Convention' committee has finalised the programme for the meeting, the Brochure has been available for a few days and Registration Forms are already being returned. (also see pages 2 and 3)

We are looking forward to seeing members from all other branches at the Convention.

Vita Luks

W.A.Branch

The Branch has had a delayed start this year, with the postponement of the two day course in March which was to have been presented by Dr. Spiros Chaconas of the University of California, Los Angeles. Unfortunately, ill health caused this delay. However, Dr. Chaconas now hopes to visit Australia in August, when the course: "A Basic Course of Fixed Appliances for General Practice" will be presented.

W.A.Branch cont'd

The next meeting of the Branch will be on June 18th. Our Guest Speaker on that occasion will be Dr. John Houlton.

Originally John was a dental graduate of the University of Western Australia. Subsequently, he gained a qualification in Psychology and now is engaged in Counselling with the Western Australian Institute, on Alcohol and Addictions. He also lectures to Trainee Dental Therapists at the W.A. Institute of Technology.

He will address our meeting on the subject of "Pain and its perception in Children".

The Branch congratulates Dr. David Rogers who has been awarded the 1985 Australian Society of Dentistry for Children (W.A.Br) Prize for his performance in Paediatric Dentistry during the final year of his Bachelor of Dental Science course at the University of Western Australia.

Alistair Devlin

Tasmanian Branch

The Branch held its Annual General Meeting in late March in Ulverstone on the North-West Coast in an endeavour to recruit some local practitioners to join the Society.

The Office Bearers elected are:

President: Dr. Frank Wimmer.
Secretary: Dr. David Abbott.
Treasurer: Dr. C.Chan.

Dr. Felix Goldschmeid addressed the meeting on the subject of "Crowding in normal development and the Recognition of Malocclusion.

Felix will also be the main speaker at our June meeting, to be held in Launceston. His Topic will be 'Removable Appliances' and will be followed by some wire bending exercises to test members' digital competance.

David Abbott

Queensland Branch

Our Branch membership now stands at 28 financial members, which is about the average for this time of the (calender) year.

Our last meeting was addressed by Dr. G.Brown, a staff member of the Dental School, University of Queensland, his subject being "Local Anaesthetics for Children".

Coming events include our next meeting on June 2nd, at which we will hear Miss Judy Wilcox, a Dietician at the Royal Children's Hospital. She will speak on "Nutritional Disorders in Children".

Dr. Fred Widdop will be our Guest Lecturer at our Annual Clinic Weekend, to be held in Brisbane on Saturday, September 27th.

In his Talk on Local Anaesthetics, Dr. Brown made the following points;

1. We must overcome apprehension to the needle.
2. Avoid pain in administration of injection by use of topical anaesthetics. Yes, they do work, but the mucosa must be dried and the agent must be applied to the surface for the specified time. Spray and Gel have three minutes onset. Beware of Topicaine as it can cause acute anaphylactic reaction. Xylonor pellets will act through the Buccinator.
3. Individual characteristics of the Practice and Patients will vary the requirements of an L.A.. Parameters to be considered are frequency of success, onset time, duration, recovery and spread.

3. cont'd

Dr. Brown prefers plain solutions for blocks, but for long duration and infiltrations Adrenaline is required. Self aspirating syringes are good in principle but strain fingers to the limit and the ring type are safer. Watch also the length of the bevel as a long bevel gives a greater deflection.

4. Efficient and effective technique.

Remember the position of the Lingula varies with age being lower in young children. Dr. Brown considers the Gow Gates technique unnecessary and awkward for children. Onset time is too long and there is greater risk of hitting the Pterygoid plexus or sympathetic plexus around the Carotid.

He recommended the Akinosi technique and mental block. Intra-ligamental anaesthesia should not be considered for children; and also the equipment is frightening. Intra-osseous is best. for 'D's and 'E's as there is immediate onset and 95 - 100% success.

When faced with 'Hypersensitivity' to L.A. remember when sterilising cartridges, that the rubber diaphragm is a permeable membrane; and don't forget the Topical and its base could be a cause.

Bill Whittle

FROM THE JOURNALS with John Burrow.

THE USE OF NITROUS OXIDE IN THE TREATMENT OF CHILDREN.

Although children in the operatory generally are cooperative, their fear related behaviours have been acknowledged widely as an obstacle to dental treatment. To complete treatment, children must cooperate, or at least passively accept treatment.

Several authors have reported on the wide variability that exists in responses to the use of N₂O in the clinical setting among individual subjects. No empirical support exists for criteria by which patients may be administered N₂O, and textbooks vary in the criteria they use to select patients to be administered N₂O and recommend N₂O for both mildly and severely apprehensive children.

The research group in this study have begun to assess the naturally occurring patterns of interaction between dental personnel and children and has identified effective and ineffective behaviours of dentists and dental assistants. This study investigates, in the naturally occurring environment, the effect of N₂O and the dentist-child interaction when clinicians elect to use that approach.

As a group, children who have been exposed to N₂O in stressful settings may be more difficult to manage with future administrations of N₂O than was once believed. Questioning for feeling, which attempts to elicit and recognize the feelings of children, appears to be the most effective empathic behaviour.

The sequential analysis of behaviour has begun to show that the behaviour of the dentist is a major influence on the fear-related behaviours of children, even when N₂O is used. The moment-to-moment behaviours of the dentist influence the child's behaviours. Certain behaviours of dentists, such as distraction, appear especially to be effective when the child is being administered N₂O.

(WEINSTEIN P. et al J.A.D.A. March 1986 Vol 112, 3:325-331)

ACID ETCHING OF PRIMARY TOOTH ENAMEL.

Restoration after the etching of tooth surfaces is an easily performed and relatively economic procedure with which to treat fractured teeth and affected by caries or structural anomalies. However, the resin acid technique produces less satisfactory results in deciduous teeth

than in permanent teeth, because the enamel of deciduous teeth is relatively resistant to etching. Recent investigators report that the removal of the superficial layer of prismless enamel before acid conditioning improves the quality of etching of deciduous teeth. The aim of this study was to investigate by means of scanning electron microscopy the micromorphological variations induced on primary tooth enamel after acid conditioning, in relation to etching time and pre-treatment of the surface. The pre-treatment consisted of milling the enamel surface with a fine grain diamond in a turbine drill, removing approximately 0.1mm of enamel surface. Results show that:

1. Milling of the prismless surface enamel of deciduous teeth is necessary to expose the prisms to acid dissolution.
2. An etching time of 120 seconds creates a diffuse surface porosity.
3. Pretreatment and 120sec. etching consistently produces a regularly distributed loss of intra- and inter-prismatic substance.

These findings suggest that mechanical pretreatment and an adequate etching time are necessary when preparing primary teeth for bonding. These simple and speedy procedures greatly improve the efficacy of bonding.

(MEOLA and PAOACCIO. International D.J. 1986 Vol.36/No1:50-54)

PHOSPHORIC ACID CONCENTRATION:ENAMEL SURFACE LOSS AND BONDING STRENGTH.

The purpose of this study was to evaluate quantitatively the bond strength and the amount of surface loss with a wide range of concentrations of phosphoric acid.

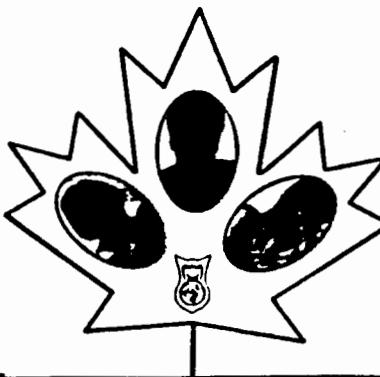
The maximum amount of enamel surface loss was produced by the 35% H₃PO₄

The 0.5% concentration produced an amount of surface loss equal to that produced with the 80% concentration.

Analysis of the broken bonds revealed that the failure occurred in the bulk of the composite resin, or as an apparent interfacial failure.

It appears from this study that etching the enamel with low acid concentration produces a minimum amount of enamel loss while securing an adequate bond.

(ZIDAN and HILL. J.Pros.Dent. March 1986 Vol 55;3:388-392)



A PRELIMINARY INVITATION
11TH CONGRESS
INTERNATIONAL ASSOCIATION OF
DENTISTRY FOR CHILDREN

AT THE
HARBOUR CASTLE HILTON HOTEL
TORONTO ONTARIO
CANADA

SCIENTIFIC PROGRAMME

JUNE 7 - 11, 1987

- Guest Lecturers
- Free Papers
- Poster Sessions
- Table Clinics
- Video & Films
- Themes being considered
Viral Infections (e.g. Hepatitis, AIDS)
High Risk Cases Groups
Advanced Preventive Procedures (fissure sealants etc.)



SOCIAL PROGRAMME

- Reception
- Presidential Banquet
- Tours of City

*** ACCOMPANYING PERSONS**

* A programme is being arranged that may include such highlights as Toronto's famous Science Centre, Ontario Place and a trip to nearby Niagara Falls

SIMULTANEOUS TRANSLATION

In English, French, Japanese & Spanish
(if numbers warrant)

11TH CONGRESS — INTERNATIONAL ASSOCIATION OF DENTISTRY FOR CHILDREN
TORONTO, ONTARIO, CANADA JUNE 7-11, 1987

NAME

(Last, First, Middle Initials) (Family name) (First name)

(First name)

ADDRESS

COUNTRY

TELEPHONE

(Include area code)

I will attend

I may attend

I will not attend

I AM INTERESTED IN PARTICIPATING IN THE SCIENTIFIC PROGRAMME

- PAPER
- VIDEO
- POSTERS

- FILM
- EXHIBITS
- TABLE CLINIC

TOPIC

(Include area code)

SECRETARIAT
11TH CONGRESS I.A.D.C.
DEPARTMENT OF PAEDODONTICS
FACULTY OF DENTISTRY
UNIVERSITY OF TORONTO
124 EDWARD STREET
TORONTO ONTARIO
CANADA
M5G 1G6



DEPARTMENT OF DENTISTRY
ROYAL CHILDREN'S HOSPITAL
VICTORIA, AUSTRALIA

CLINICAL RESEARCH FELLOWSHIPS

Up to 10 one year Clinical Research Fellowships at the Royal Children's Hospital, Melbourne, Australia, are available by open competition - 5 commencing in February and 5 commencing in August each year. These Fellowships provide both an opportunity for advanced clinical training and experience and contribute to research activities in clinical departments on the basis of at least 60% clinical-research time and 40% clinical time.

Fixed stipend: Aust\$25,000 for 12 month period.

The Department of Dentistry welcomes enquiries from interested Paediatric Dentists and Orthodontists holding a higher degree.

Further information and RCH proforma application forms from:

Dr. R.K. Hall,
Director & Chief Dental Surgeon,
Royal Children's Hospital,
Flemington Road,
Parkville, Victoria, 3052.
Australia.

Telephone: (03) 345-5522 - Telex AA37281